

JCS/c

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 20 | 9/9 |
| FORMALITY REVIEW | u | 1019 | 07-13-01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------|------|
| Final | |
| Original | |
| 1 | ✓ |
| 2 | ✓ |
| 3 | ✓ |
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| 22 | ✓ |
| 23 | ✓ |
| 24 | ✓ |
| 25 | ✓ |
| 26 | ✓ |
| 27 | N |
| 28 | N |
| 29 | ✓ |
| 30 | ✓ |
| 31 | ✓ |
| 32 | ✓ |
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| 34 | ✓ |
| 35 | ✓ |
| 36 | ✓ |
| 37 | ✓ |
| 38 | ✓ |
| 39 | ✓ |
| 40 | ✓ |
| 41 | ✓ |
| 42 | N |
| 43 | ✓ |
| 44 | ✓ |
| 45 | ✓ |
| 46 | ✓ |
| 47 | ✓ |
| 48 | ✓ |
| 49 | ✓ |
| 50 | ✓ |

| Claim | Date |
|----------|------|
| Final | |
| Original | |
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| Claim | Date |
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| Final | |
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If more than 150 claims or 10 actions
staple additional sheet here

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